U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - [9408]	2 Fiscal Year Covered From		
	[]/[]/[20Y] Through [2]/[3]/[200Y]		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name ROBERT LEDWITH	Name METAL LATTICES LOCAL 46		
	Labor Organization File Number 008438		
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 1322 THRO AVENUE	Street 1322 THAN AVENUE		
CAY NEW YORK	City NEW YORK		
State NEW YORK ZIP Code + 4 1 1002/	State NEW YORK ZIP Code +4 / 10021		
5 Position in labor organization TREASURER / BUSINESS	MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of		
6 Name and address of Employer (including trade name, if any)	7.a Nature of Interest, Transaction, or Income		
Name			
Trade Name, if any			
P O. Box, Bldg , Room No , if any			
	7.b Amount		
Street			
City []			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)			
signed Coled a Ledwith	On 8/12/05 2(2)737-0500 Telephone Number		

Name of Person Filling ROBERT LEDWITH	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name	9 Business deals with			
Trade Name, If any	a Labor Organization  [ ] b Trust			
P.O Box, Bldg., Room No , if any Street	c. Employer			
City ZIP Code + 4				
10 If 9 b. or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name, if any				
PO. Box, 8idg Room No , fany				
Street	11 b Approximate dollar value of such dealing.			
State ZiP Code + 4	12.a. Nature of interest held or income received			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment.  Koimpulsoment for travel, meals and lodging			
Name Mctailathers local 46 labor myt Cooperation trust	for trip to world of concrete Exhibition and show in Las Vegas, Nev.			
Trade Name, if any	and show in Las Vogas, Nov.			
P.O. Box, Bldg , Room No , if any	01/20/2004			
Street 198 East 788 Street				
City New York				
State NEW YORK ZIP Code +4 /002/				
13.b. to the Business on Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling RDBERT LEDWITH	· · · · · · · · · · · · · · · · · · ·	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8 Name and address of Business (including trade name, if any)	9 Business deals with	<del>_</del>	
Trade Name, if any	a. Labor Organizat	ilon	
PO Box, Bldg., Room No , if any	b Trust		
Street City			
State ZIP Code + 4			
10. If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealin	9	
Name			
Trade Name, if any.			
P O. Box, Bldg , Room No , if any	;		
Street	11 b Approximate dollar value	of such dealers	
City	12 a. Nature of interest held		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	•		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)	14.a Nature of payment.		
Name Netal Lauters Local 46 Labor mgt cooperation trust	Reimbuysement	for travel, meals and lodging use Tension Zastitute in	
Trade Name, if any	Charletter No	( Guest panelist)	
P.O. Box, Bldg , Room No., if any	Charles	05/25/2004	
Street 198 Entt 48th Street		1-1700	
City NOW YORK			
State New 151k ZIP Code + 4 100 21			
13.b. is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$1566	

Name of Person Filling ROBERT LEDWITH		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your tabor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any.  P O Box, Bidg., Room No , if any	9 Business deals with  a Labor Organizat  b Trust  c. Employer	ilon		
City  State ZIP Code + 4  10. If 9.b. or 9 c, is checked give trust or employer's name	11.a Nature of such dealin	va		
Name  Trade Name, if any  PO Box, Bidg Room No , if any				
City ZIP Code + 4	11 b Approximate dollar value 12.a. Nature of interest held			
	12.b. Amount			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Wold Latloys Local 46 Labor Mgt., cooperation to 48th Trade Name, if any  P.O. Box, Bldg , Room No . if any  Street 198 East 198 th Chreet  City New York  State NAW York  ZIP Code +4 10021	or other thing of value  14 a Nature of payment.  Ret mhursement lodging for trif cations mustite in Chicago,	for travel, meanly and to construction specifi- ite Exhibition and show  12/27/2004		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	440		

Name of Person Filling ROBERT LEDITH	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any  P.O Box, Bidg , Room No , if any  Street  ZIP Code + 4	9 Business deals with			
10 If 9 b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any  PO Box, Bldg , Room No , if any	11 a Nature of such dealing			
Street [	11 b Approximate dollar value of such dealing			
State ZIP Code + 4	12 a Nature of interest held or income received			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Metal Lathurs Local at Applications Frund  Trade Name, if any  P.O. Box, Bkdg, Room No, if any  Street 198 Fast 98th Street  City New York  State NY ZIP Code +4 10021	or other thing of value.  14 a Nature of payment.  Exposse reimbursement trip to ship instructors training processing pro	the Apprentice - often in 3/14/2004		
13.b. Is the Business an Employer X or Consultant ?	14.b Amount of payment.	1800		

Name of Person Filling ROBERT LEDIWITH	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name			
Trade Name, if any	a Labor Organization  b Trust		
PO Box, Bldg., Room No , if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10 If 9.b. or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name			
Trade Name, if any			
PO. Box, Bldg Room No , if any			
Street	11.b Approximate dollar value of such dealing		
City	12.a Nature of interest held or income received		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a Nature of payment.		
Name Metal Laukars Local 46 Applenticeship Fund	Airfane for trip to San Diego, Ca.		
Trade Name, if any			
P.O. Box, Bldg , Room No , if any	07/15/2004		
Street 198 East Alth Street			
City New York			
State New York ZIP Code +4 1002			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$291		

Name of Person Filling ROBERT LEDIWITH		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8 Name and address of Business (including trade name, if any)  Name	9 Business deals with.          a Labor Organizat       b Trust       c. Employer	ilon		
City	11 a Nature of each doclin			
Name  Name  Trade Name, if any  P.O. Box, 8idg, Room No., if any  Street  City  ZiP Code +4	11.b Approximate dollar value 12.a. Nature of interest held	of such dealing.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Metal Loulors Local 46 Applenticeship Fund  Trade Name, if any		reimbursement for trip ca.		
P.O. Box, Bidg , Room No , if any  Street 198 East 198th Street  City New York  State New York   ZIP Code +4 1002		08/03/2004c		
13.b. Is the Business an Employer \( \times \) or Consultant \( \times \)?	14.b. Amount of payment.	\$13K		

Name of Person Filling ROBERT LEDIWITH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your tabor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street  City  State  ZIP Code + 4  10 If 9.b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any  P.O. Box, Bidg , Room No., if any  Street  City  State  ZIP Code + 4	9 Business deals with:    a Labor Organiza   b Trust   c. Employer  11.a Nature of such dealing  11 b Approximate dollar value  12 a Nature of interest held	e of such dealing	
	12.b. Amount.		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Metal Laskons Local No Applenticeship Fund  Trade Name, if any:  P.O. Box, Bldg , Room No , if any  Street 198 East 18th Street  City New York  State New York  State New York	or other thing of value.  14.a Nature of payment.  Reinburse ment for trip to San	for meals and entatainment Diego, Ca. 08/27/2004	
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.	\$ 1869	

Name of Person Filling ROBERT LEDIWITH		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any:  P.O. Box, Bidg., Room No , if any  Street  City  State  Trade Name, if any:  P.O. Box, Bidg., Room No , if any  State  Trade Name, if any:  P.O. Box, Bidg., Room No , if any  Street  City  State  ZIP Code + 4	9 Business deals with.      a Labor Organization     b Trust       c. Employer    11.a Nature of such dealing	e of such dealing		
C. Received from arry employer (other than an employer covered undor from any tabor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)  Name Metal Lockers Local 46 Applicativeship Fund.  Trade Name, if any  P.O. Box, Bidg, Room No, if any  Street 198 East 96th Street  City New York  State New York  Zip Code +4 1002	or other thing of value.  14.a. Nature of payment.  Expense. Yeimb  I.E. N.A.T. C  San Fyan Cisc	we went for trip to the N.A. conference in co, ca. 09/08/2004		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	2400/		

Name of Person Filing ROBERT LED WITH	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any	9 Business deals with		
P O Box, Bldg., Room No , if any  Street  City	[_] b Trust		
State ZIP Code + 4	11 a Nature of such dealing		
Trade Name if any PO Box, Bldg Room No if any Street	  -  -		
City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a Nature of interest held or income receive	a	
	12.b. Amount		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money 13 a. Name and address of Employer or Labor Relations Consultant	or other thing of value.  14 a Nature of payment.		
(including trade name, if any)  Name Metal Lathers Local 46 Trust Fund.	Estimated cost of annual Luncheon Rosted by the Local 46 Bonefit fund	Christmas Metal Ladlers	
Trade Name, if any	Local 46 Bonefit fund	اا	
P.O Box, Bldg , Room No , if any  Street 198 East 198th Street  Chy NEW YORK  State NEW YORK ZIP Code +4 10021		12/14/2004	
13.b. Is the Business an Employer Or Consultant ?	14.b. Amount of payment.	\$113	

Name of Person Filling ROBERT LEDNITH	File Number U-		
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or teasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8 Name and address of Business (Including trade name, If any)  Name  Trade Name, If any  P.O Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	9 Business deals with      a Labor Organization     b Trust     c. Employer		
10. If 9 b. or 9 c. is checked give trust or employer's name  Name  Trade Name if any.  P.O. Box, Bidg Room No , if any	11 a Nature of such dealing		
City ZIP Code + 4	11.b Approximate dollar value of such dealing.  12.a Nature of interest held or moome received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Metal Lathers Local 46 Trust Fund.  Trade Name, if any  P.O. Box, Bldg, Room No, if any  Street 198 East 1864 Street  Cly NEW YORK  State NEW YORK  ZIP Code +4 10021	or other thing of value  14.2 Nature of payment.  Registration and Robel room deposit for the 2001 I. F. E. B. P. Conference  09/08/2004		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filling ROBERT LEDWITH	File Num	ber U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or teasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any)  Name  Trade Name, if any.  P.O Box, Bidg., Room No , if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any:  P O. Box, Bidg , Room No , if any	9 Business deals with.		
Street City ZIP Code + 4 State ZIP CODE STATE STATE STATE STATE STATE STATE STATE STATE	11.b Approximate dollar value of such de 12 a. Nature of interest held or income		
<del></del>	12.b. Amount		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Metal Lathers Local 46 Trust Fund.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 198 East 1884 Street  City NEW YORK  State NEW YORK  ZIP Code +4 10021	or other thing of value.  14 a Nature of payment.  Expense reimburseme I. F. E. B. P. cong Orleans, Ia.	ent for the 2004 forence in New 11/23/2004	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 2400	

Name of Person Filling ROBERT LEDWITH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any)  Name	9 Business deals with.	
Trade Name, if any		
P.O Box, Bldg , Room No , if any Street	c. Employer	
State ZIP Code + 4		
10 N 9 b. or 9.c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name, if any		
P O. Box, Bldg . Room No., if any		
	11.b Approximate dottar value of such dealing.	
State ZIP Code + 4	12.a Nature of interest held or income received	
	12.b Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a Nature of payment.  Pa: have mont for airforna and hatel	
Name Metal Lathers Local 46 Trust Fund	Reimbursement for airforme and hotel expense for 2004 I.F. E. 13.P. conformace in New orleans, Ia.  12/07/2004	
Trade Name, if any	conference in New orleans, Ia.	
P.O. Box, Bldg , Room No., if any		
Street 198 East 18th Street  City NEW YORK	12/07/2004	
State NEW YORK ZIP Code + 4 10021		
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.	

8/12/2005 14:54 2126616125		
Name of Person Filing Robert Ledwith	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your tabor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name, if any)  Name	9 Business deals with  Labor Organization  D Trust  C. Employer	
Street		
10 if 9 b. or 9 c. is checked give trust or employer's name  Name  Trade Name, if any  P.O. Box, 6ldg., Room No., if any	11 a. Nature of such dealing.	
Street	11.b. Approximate dollar value of such dealing 12 a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor retations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment.	
Name NY LIFE INSVIRANCE  Trade Name, If any:  P.O. Box, Bidg , Room No . If any  Street GO CANTON STREET  City WESTWOOD  State MA ZIP Code + 4 102090	11/30/04 - DINNER	
19 h la fin Business on Employee	14.b. Amount of payment.	

or Consultant 2

13.b. Is the Business an Employer

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